## **E&PP INFO #82**

Rev. 3-24-04

## TENNESSEE PESTICIDE RECERTIFICATION Application for Points

	Office - ONL	
;	School	No

Type or Print Legibly (Recommend Submitting 45 Days Prior To Meeting)

Meeting Title:						
Sponsored by:						
Meeting Date(s):						
Location(s):						
Program Chairperson:	App	Applicant Applying for Points (if other than chairperson):				
Address:						
	Cert	tification I.D. #				
Phone:	()Fax: ()Pho	ne: ( ) Fax: <u>( )</u>				
E-Mail	E-M					
Type of Training:	□ Conference/Short Course □ Seminar □ Correspondence Course □ In-Service Training □ Workshop □ Field Day □ Class □ (Other)  Check Certification Category Applying For:					
☐ In-House Training ☐ External	□ 2 - Forest Pest Control       (Inc         □ 3 - Ornamental & Turf Pest Control       B - Public         □ 4 - Seed Treatment       B - Public         □ 5 - Aquatic Pest Control       □ 9 - Regul	rral Household & Structural Pest	ervatives Marine Paint est Control			
Training	□ 6 - Right-Of-Way Control	□ 16 - Sewer Line	Chemical Root	Control		
Session (If				of Time		
Applicable)	Topics - (Please <u>Print</u> Legibly)	Speaker/Title/Employer	Date	From/To		

<sup>\*</sup>A separate agenda may be attached.